An action research study to improve resident-centred continence care in a multi-purpose service.

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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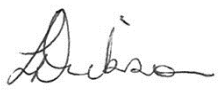

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ACKNOWLEDGEMENTS

When I embarked on this research degree pathway I had feelings of uncertainty and trepidation. After researching different universities I decided on applying for enrolment in a Professional Doctorate because it encourages research which is derived through the identification of an area of practice that requires review. The aim of the Professional Doctorate in Nursing is to generate knowledge which can explain, enrich or improve the practice knowledge. As a believer in lifelong learning and setting myself challenges I decided to apply for enrolment as this pathway would fulfil both these objectives even though I was not sure I could attain this degree level. However, I decided that if I did not try I would never know if I could.

Now, as I head towards the conclusion of this long and arduous research journey it is time for my reflection.

Though challenging, my degree pathway has also been rewarding. It has enabled me to meet and associate with some astonishing and stimulating people. Other nurses within my doctoral group were extremely supportive and encouraging and we forged bonds especially in our early years when we all grappled with the initial degree requirements. This support and mentorship developed into a bond of friendship.

All the staff at my university were extremely helpful, encouraging, nurturing and supportive and I thank them all. My greatest thanks though, are to my supervisors Professor Lynn Chenoweth, Dr Kathleen Milton-Wildey and Professor Jane Stein-Parbury. I have been a high maintenance, challenging and frustrating student for these two wonderful women but I thank them for their encouragement, support and patience.

During the course of my doctoral journey I have also overcome many other challenges. These occurred through my need to work as a sole practitioner often travelling long distances to assist clients in a large rural area and in working towards my accreditation as a Nurse Practitioner for Continence. My present managers have also been extremely supporting and I am very grateful for their support.

This research could not have been undertaken without the invaluable support of managers throughout my health district and at the local sites. The willingness of the nurses, care staff and residents to participate, particularly at the principal research site must also be acknowledged. Grateful thanks must be extended to all these marvellous people as, without their support, this research project would not have been possible.

My thanks must also be expressed to my family as they have also been very involved with my parallel doctoral and personal journey. They have been witness to my need to rebuild my life while also coping with my study requirements. Despite the many times when they would have liked me to spend more time with them they have been supportive and they have been direct witnesses to many of the long, difficult and frustrating hours I have devoted to study. I would particularly like to thank my daughter, Janine and my granddaughter Louise who lived with me for many of the years I have been working on this degree. I think Louise only remembers her grandmother studying and working. Although I doubt my parents understand my drive and determination I would like to thank them for their support and know they are proud of my achievements.

To my husband, who married this workaholic during the end stage of the study process, I also thank you greatly. You have accompanied me to many conferences and been on the receiving end of my frustrated rants but you have stuck by me and encouraged me all the way through the journey. Fred, I thank you so very much.

However, despite this invaluable assistance and support from my army of backers, I think my journey to my current position has been achieved through my own determination and persistence. I have not found this journey easy and, despite having a foot located within the academic world, my main nursing focus has remained very clinically focussed. My hope is that my journey may inspire others to work with passion to better themselves through similar persistence and determination to achieve outcomes in whatever they undertake.

I also challenge other health workers to investigate the world of continence care as it is essential that champions and leaders speak for those experiencing this depressing, isolating quality of life issue. Health workers must continue to work towards debunking incorrect myths and beliefs by encouraging proper continence assessments which lead to better individualised treatment and/or management plans.

My greatest thanks go to my current work managers and my academic supervisors Professor Lynn Chenoweth, Dr Kathleen Milton-Wildey and Professor Jane Stein-Parbury.

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GLOSSARY

Acronyms used in the literature review

Residential aged care settings employ a number of variously named staff who provide direct care services, including continence care. The term "nurse" is used in a number of ways in the literature and the status of the position is denoted through the common use of acronyms within this literature review. As nurses are referred to variously in different countries of the world, the terms used in the reported studies remain.

A qualified nurse is one who has successfully achieved an approved program of tertiary level study that is recognized by the nurse register authority of the country or state/territory in which the award was granted. Acronyms used to denote qualified nurses throughout the literature may include:

RN	Registered Nurse
EN	Enrolled Nurse
EEN	Endorsed Enrolled Nurse
NUM	Nurse Unit Manager
DON	Director of Nursing
NP	Nurse Practitioner
APN	Advanced Practice Nurse

An unqualified nurse may have completed an approved program of study which is offered for a much shorter period and at a different level. While not acknowledged by nurse register authorities, the qualification may be approved by the Government and/or the aged care industry. Acronyms used to denote unqualified nurses throughout the literature include:

AIN	Assistant in Nursing
NA	Nurse Assistant/Nurse Aid
CNA	Certified Nurse Assistant
LN	Licensed Nurse (USA)
LPN	Licensed Practical Nurse (USA)
PCA	Personal Care Assistant

The residential aged care sector is variously described in the literature in the following ways:

LTC	Long Term Care
NH	Nursing Home
MPS	Multi-Purpose Service
RAC	Residential Aged Care

The older person receiving care and treatment is generally referred to in the literature as follows:

Patient	Person receiving care and treatment in the acute care sector (hospital), or by a doctor or other health professional in their rooms or clinic
Resident	Person receiving care and treatment in the residential aged care

	sector (nursing home or hostel)
Client	Person receiving care and treatment in the community sector (generally their own home)

Acronyms commonly used for incontinence issues:

UI	Urinary Incontinence
FI	Faecal/Fecal (UK/USA) Incontinence

Other acronyms commonly used throughout the literature:

QoC	Quality of Care
QoL	Quality of Life
QI	Quality indicators
PCC	Person-Centred Care
RCC	Relationship-Centred Care

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ABSTRACT

Background: This study aimed to improve continence assessment, treatment and management in the residential aged care section of a Multi-Purpose Service (MPS) in rural Australia. Given the 70.9% prevalence rates of incontinence occurring in Australian aged care residents, nurses and care staff consider incontinence to be inevitable in older age and fail to consider its significance for the resident. The use of containment devices and regular toileting rounds are therefore, commonplace, and increases resident dependency and cost of care.

Method: Action research was used with nurses and care staff to address continence care practices for older people living in the aged care section of one multi-purpose service (MPS) in rural New South Wales. Following a staff survey to identify the staff's baseline continence attitudes, knowledge and management for older people, the manager and senior staff of the MPS chose to improve continence care practices for their aged care residents. The data generated by the action group over the two year action research study included meeting minutes, memos, staff surveys, staff and manager interviews, resident continence care plans and researcher field notes.

Results: Nurses and care staff became more aware and proactive in developing, implementing and evaluating individualised continence care for their residents. Staff were highly satisfied with helping residents to regain and/or maintain continence. They enthusiastically engaged with further learning on best-practice continence care and supporting each other in maintaining this level of care.

Discussion: Action research enables nurses and care staff to collaborate in practice change, so long as they have the committed support and the encouragement of their managers and sufficient time for the change process. Helping aged care residents to regain, or maintain, continence is achievable when these staff are willing to collaborate to achieve this goal. Individualising continence care for aged care residents can assist with improving their quality of life.

Conclusion: When nurses, care staff and care managers collaborate through action research they are able to produce quality care practices and positive outcomes for older people. In this study the benefits achieved through action research were individualised continence care regimens for aged care residents living in a MPS, and improved resident continence and quality of life, confirming previous research. Health and aged care services can also benefit by instituting targeted education, policies and practice guidelines which teach nurses and care staff how to individualise continence care for older people. Nursing and care staff educators need to encourage continence care improvement for older people through their promotion of non-ageist assumptions of continence ability in older age.